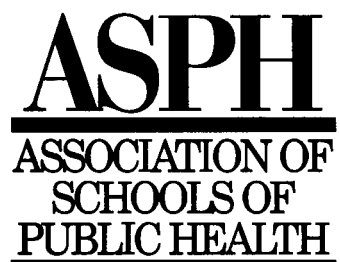


**Framework Document**

**Academic Centers for Public Health Preparedness:**

**A Network of Schools of Public Health Partnering with State and Local Health Agencies and CDC  
to Protect the Nation from Bioterrorism, Infectious Disease Outbreaks and  
Other Emergent Public Health Threats**



**May 2002**

## The Framework Document

The Framework Document <sup>§</sup>, formally titled: *Academic Centers for Public Health Preparedness: A Network of Schools of Public Health Partnering with State and Local Health Agencies and CDC to Protect the Nation from Bioterrorism, Infectious Disease Outbreaks and Other Emergent Public Health Threats* is an agreed-upon plan of action between the Association of Schools of Public Health (ASPH), schools of public health funded as Academic Centers for Public Health Preparedness (A-CPHP) and the Centers for Disease Control and Prevention (CDC) in addressing the training needs of state and local public health professionals in bioterrorism and emergency preparedness.

This document helps assure standardization of A-CPHP activities across the country. This document is comprised of *Core Activities*, which identifies 9 specific activities that each A-CPHP will engaged in, and *Central Functions*, which identifies activities of the larger A-CPHP network, including ASPH and CDC, focusing in 6 areas: partnerships, education and training, communication, evaluation, accountability and oversight and advisory. Two key themes are underscored throughout the document: developing and strengthening the partnerships between schools of public health and state and local public health agencies and the importance of evaluation and accountability for the activities identified.

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<sup>§</sup> The document was prepared by a working group comprised of representatives of selected schools of public health, CDC and ASPH. Additional feedback was obtained from representatives of US Department of Health and Human Services, the Association of State and Territorial Health Officials (ASTHO), National Association of City and County Health Officials (NACCHO), and others.

## **Table of Contents**

1. Background and Introduction .....	4
2. Core Activities.....	5
3. Central Functions	
a. Partnerships.....	7
b. Training.....	9
c. Communication.....	9
d. Evaluation.....	10
e. Oversight and Advisory.....	10
f. Accountability.....	10
4. Budget.....	12

## **Background and Introduction**

The American public now faces a significant risk of a bio-terrorist attack. Unlike other terrorist threats - such as with airline hijackings - no early warning security system is able to detect and warn of an incident before it occurs. The most reliable national protection is a highly sensitive system of surveillance and early detection that can immediately alert authorities to contain, control and treat exposure to a bio-terrorist agent. Therefore, just as the federal government moved definitively to reconfigure the airline security workforce to ensure public safety, steps must immediately be taken to prepare the nation's public health workforce for an equally important yet vastly different set of security measures. The urgency of this effort is compounded by the fact that the nation cannot rely on past experience with bioterrorism to prepare it for what could be a potentially catastrophic event. The fall 2001 anthrax experience demonstrated just how unprepared the public health infrastructure is to manage a massive bio-terrorist incident. A 1999 survey indicated that only 6% local public health officials nationwide had received any training in bioterrorism. Further evidence confirms that 85% of public health officials assert that their departments are not ready to respond to a bio-terrorist emergency.

The Centers for Disease Control and Prevention (CDC) is responsible for coordinating preparedness of the public health workforce. As part of its comprehensive effort to prepare state and local public health officials to respond to a bio-terrorist attack, the CDC is incorporating an important national asset, accredited Schools of Public Health (SPH), to generate new knowledge, new training protocols, and proficient national deployment of necessary skills and information. For this purpose, the CDC developed a national network of Centers for Public Health Preparedness. Three types of centers are in place: 1) *Local Exemplar Centers*, established in local health departments to develop models of integrated communications and information systems, advanced operational readiness assessments, and comprehensive and skills-based training programs; 2) *Specialty Centers*, established in colleges or universities to focus on a specific topic area or professional discipline (e.g., bioterrorism, public health law, informatics); and 3) *Academic Centers*, the largest group of centers established in schools of public health, link schools with state and local health agencies and other partners to train the front-line public health professionals who will respond to bio-terrorist incidents and other emerging infectious diseases, the critical component in protecting the nation's health.

The network of academic centers for public health preparedness (A-CPHP) is a joint collaboration of the schools of public health, Association of Schools of Public Health (ASPH), CDC/U.S. Department of Health and Human Services (DHHS), and representatives from state and local public health agencies, including the Association of State and Territorial Health Officials (ASTHO) and National Association of City and County Health Officials (NACCHO). The power of this network lies in its ability to function in a coordinated fashion across the country to achieve similar goals. Moreover, this network of A-CPHP will enable SPH and the states to leverage their resources by working together to create a strong lattice of preparedness centers.

Since the foundation of the A-CPHP was already operational prior to September 11, 2001, this network was able to assist the public health system in its response efforts by providing necessary and immediate information and training. By example, one of the centers at the Mailman School of Public Health at Columbia University played a critical role in preparations that significantly enhanced the response to the World Trade Center attacks. Looking forward, it is vital to take the early "lessons learned" and translate them into plans and preparations for likely future threats that will affect the nation's health, requiring an immediate response from its health infrastructure.

Key among those "lessons learned" is the importance of skilled training, drills, and practice in early detection, response, and disaster management. This training must account for the fact that response

systems - to include public health officials, public safety officials, law enforcement agencies, and national security authorities who are not accustomed to coordinated efforts across professional lines - must quickly join forces. Each of these systems must be acutely ready and prepared. Reliable public health surveillance and communication activate the first alert and response to a biological threat. Schools of Public Health are uniquely capable of providing the public health infrastructure with the expertise, training, and dissemination of information necessary for this sort of early, practiced, skilled, and comprehensive strategy of public health workforce preparedness. The crucial role of A-CPHPs is to link this academic expertise with the needs of public health workers in the field. The A-CPHPs bring to this task unique capabilities, including expertise in adult education, learning technologies, and systems change. The A-CPHPs will translate the expertise residing within the SPH into the language of timely, relevant, and effective training programs for public health workers. A-CPHP will also help to increase the capacity in accredited SPH to meet the professional education and training needs of the state and local public health agencies.

The public health system cannot be rebuilt overnight. Therefore, in order to increase this country's public health defense system significantly, a long-term coordinated strategy is crucial. This will require building strong partnerships between A-CPHP, state and local public health agencies and CDC as well as building appropriate capacity in SPH. The linked efforts of the CDC, state and local public health officials, and SPH coordinated through the ASPH, provides the critical resource in protecting the nation against a massive biological disaster.

This document describes the framework for coordinated activities between A-CPHP, state and local health agencies, ASPH and CDC designed to improve preparedness for bioterrorism, infectious disease outbreaks, other public health threats and emergencies. The document also indicates how accountability will be assured and provides for a common set of activities across all academic centers.

**Core Activities of the**  
**Academic Centers for Public Health Preparedness (A-CPHP)**

The A-CPHP will function as a coordinated, national network of academic training centers that will work in close partnership with state and local public health agencies to 1) identify the educational and training needs for bioterrorism, infectious disease, other public health threats and emergencies; 2) support activities identified in state planning documents (*Guidance for FY 2002 Supplemental Funds for Public Health Preparedness and Response for Bioterrorism --Announcement number 99051*; 3) develop appropriate education and training programs in bioterrorism and infectious diseases in concert with national efforts and standards; and 4) develop appropriate capacity in SPH for professional education and training. Given the current state of the public health infrastructure and the current capacity in SPH, a long-term commitment and a coordinated strategy will be needed to achieve these goals. The mechanism to achieve these goals will be a framework common to all A-CPHP across the country.

The following activities, common to all A-CPHP, will constitute approximately 80% of total budget expenditures.

1. A-CPHP will place priority on developing and enhancing relationships with state and local public health agencies.
2. A-CPHP will build and expand capacities in SPH to provide professional education and training in bioterrorism, infectious disease, and other public health threats and emergencies to state and local health agencies.
3. A-CPHP will work with state and local public health agencies to identify training needs of public health workers. Initial assessments will focus on identifying gaps in knowledge and skills that state and local public health professionals need to effectively manage a bio-terrorist event.
4. A-CPHP will work with state and local public health agencies to assess and continually monitor the specific training needs in bioterrorism, infectious disease and other public health threats and emergencies.
5. Based upon needs identified by state and local public health agencies, A-CPHP will develop education and training programs in bioterrorism, emerging infectious diseases, and other public health threats and emergencies. These programs will:
  - a. be competency-based;
  - b. include a core set of competencies, appropriate for different categories of public health workers, including front line staff, senior professionals, technical specialists, and leaders. These competencies will be relevant to content areas in the *National Bioterrorism Training Plan*, including but not limited to the following:
    - Characteristics of Biological Agents Class A, B and C associated with bioterrorism
    - Clinical Manifestations
    - Surveillance and Epidemiology
    - Laboratory Systems
    - Health Risk Communication and Media Relations
    - Psychosocial Impact of bioterrorism
    - Worker Safety Issues
    - Information Technology

- Public Health Law

- c. employ multiple training strategies using a variety of modalities and be widely accessible to health professionals.
6. A-CPHP will work with state and local health agencies to develop common methods for evaluating the effectiveness of the training activities, the knowledge of specific competencies and increased capacity, relative to national standards, for responding to bioterrorism, infectious disease and other public health threats and emergencies.
  7. To avoid duplication of activities and increase effectiveness, A-CPHP and ASPH will identify and share best practices, models, and innovative approaches among all centers.
  8. Accountability will be a high priority and will be assured through frequent monitoring and evaluation of the effectiveness of A-CPHP in providing the core activities, and meeting the education and training needs of state, local health agencies in to bioterrorism, infectious disease and other public health threats and emergencies.
  9. A-CPHPs will aid in designing and conducting evaluations that assess the competency of individuals and performance standards, assessments of agencies, formal drills, exercises, and other activities to document and validate preparedness at all levels.

In addition to the core activities noted above, some activities performed by the A-CPHP may be individualized to the local level and may include other partners beside state and local public health agencies (e.g., other first responders such as police officers, physicians, nurses). To provide the greatest flexibility, 20% of program funds may be directed to these efforts.

### **Central Functions of the Academic Centers for Public Health Preparedness Network**

The network of A-CPHP is a joint collaboration of the schools of public health, ASPH, CDC/DHHS, and state and local public health agencies. The power of this network will be in the partnerships formed between the schools and states, the commonality of the framework and how activities will span all centers across the country. Working together, this network will provide a defense system that can prepare for and quickly respond to bio-terrorist and other public health emergencies. Not only will the individual A-CPHP meet the training needs of the state and local health agencies, but the network, which is inclusive of ASPH and CDC/DHHS, will serve as a national, state and local resource for information and technical assistance in the event of a national public health crisis.

The activities of the A-CPHP will be complemented and strengthened through centralized program coordination and management between the CDC and ASPH. ASPH, working in collaboration with CDC, ASTHO, NACCHO will provide coordination of this program, promoting collaboration among the individual A-CPHP and with the state and local public health agencies in order to best meet the education and training needs of these agencies. Strategies for a successful network include high accountability, national oversight and formidable partnerships; products for a successful network will include training, communication. Furthermore, on-going evaluation of measurable outcomes will be a critical component of this program to ensure accountability to CDC, DHHS and to Congress. Together, these strategies and products will form the central functions of the A-CPHP network. To achieve these will require a long-term strategy and continued commitment.

### **Partnerships**

**ASPH will act as a catalyst for bringing the public health academic and practice communities together in order to identify gaps in critical knowledge and skills related to bioterrorism and infectious disease, and undertake the requisite planning and training needed to fill these gaps.**

- ASPH will convene a meeting of state and local public health agencies to present the training needs, what is the current state of meeting those needs and what do A-CPHP want to do in meeting those needs.
- ASPH will facilitate the coalition “Protecting the Nation’s Health” which includes national organizations representing the public health practice and academic community (including ASTHO, NACCHO, ASPH, AHC, among others). This coalition meets regularly to foster relationships at the national level and collaborate on efforts to ensure that bioterrorism preparedness training is available to state and local health department personnel.
- ASPH leadership will meet with ASTHO and NACCHO regularly to ensure that from a national perspective, the A-CPHP are meeting the specific needs and goals of local and state health departments and to identify incentives that will encourage collaboration between SPH and state and local public health agencies. Successful collaboration must be actively encouraged by the respective organizations, with barriers proactively addressed.
- ASPH will work with A-CPHP to increase capacity in SPH to increase education and training in bioterrorism, infectious disease and other emerging health threats needed by state and local health agencies.
- CDC and ASPH will convene semi-annual meetings of appropriate academic and practice partners in national preparedness that will provide informational and technical updates, share



national data and trends, ensure linkages with other organizations, and provide overall program guidance

- Together with CDC, ASPH will attend regional site visits where A-CPHP, in consultation with CDC and their states, will refine work plans.

### **Education and Training**

**ASPH will work closely with A-CPHP, CDC, ASTHO, and NACCHO and to ensure that unique education and training programs developed through the network of A-CPHP is widely disseminated and that the capacity of SPH continue to sustain these efforts.**

- ASPH will help augment staffing in public health agencies by coordinating specialized training fellowships in bioterrorism, infectious disease and other emerging health threats in state and local health departments in conjunction with placements at CDC through the existing CDC/ASPH Internship and Fellowship program.
- ASPH will work with A-CPHP and CDC to provide training for the states that do not have reasonable access to an A-CPHP.
- ASPH will maintain a resource center that will provide information on bioterrorism training information accessible by the A-CPHP, federal, state and local health agencies, and the public. ASPH will catalogue information generated from the academic centers including needs assessments, evaluation tools, training materials and products, research bibliographies, and other materials. This site will be linked to other clearinghouses.

### **Communication**

**ASPH will facilitate communication between A-CPHP, CDC, ASTHO, NACCHO and state and local health agencies to assure effective communication.**

- ASPH will convene regular meetings with CDC, ASTHO, NACCHO and state and local health agencies to assure effective communication.
- CDC will collaborate with DHHS and other federal agencies to assure coordination of activities within the national system of Centers for Public Health Preparedness program, which includes Academic Centers, Specialty Centers, and Local Exemplar Sites.
- In collaboration with CDC, ASPH will continue to share information and convene the academic centers via conference calls to update all centers on current developments.
- ASPH will disseminate information related to bioterrorism education and training opportunities through, an electronic newsletter that reaches an audience of over 1,500 members of the public health workforce weekly.
- ASPH will staff and coordinate several committees supporting the A-CPHP that may include the Steering Committee (representing the center PIs), the Coordinators Committee (representing the program coordinators) and an Evaluators Committee (representing evaluators from each of the centers). These committees will convene during the semi-annual A-CPHP meeting and by conference call if necessary to share information and to assure uniformity across centers.

- ASPH will staff and coordinate the *Academic Public Health Caucus* of the American Public Health Association, which provides the primary forum at the APHA annual scientific meeting for the exchange of research findings and professional practices in public health education and training. The Caucus will provide a forum for the A-CPHP to exchange information on bioterrorism and infectious disease training.

### **Evaluation**

ASPH in partnership with CDC, A-CPHP, ASTHO, and NACCHO will establish an evaluation framework for the A-CPHP program, including a core set of data elements to measure output, outcome, and impact. This activity will build on the framework previously developed by a workgroup of workforce researchers, A-CPHP evaluators, CDC and other partners. ASPH will coordinate an Evaluators' committee to facilitate progress in this area.

### **Accountability**

**Accountability will be a high priority and will be assured through frequent monitoring and evaluation of the effectiveness of A-CPHP in providing the core activities and meeting the education and training needs of state, local health agencies in bioterrorism, infectious disease and other public health threats and emergencies.**

- CDC and DHHS will directly communicate with the Governor of each state and, where applicable, with the state and local health departments with which the A-CPHP are to collaborate to state CDC's and DHHS' expectation that those entities will collaborate with the A-CPHP.
- ASPH will work in collaboration with A-CPHP, CDC, ASTHO, and NACCHO to develop an agreed upon mechanism for accountability.
- A-CPHP will be held accountable for their activities through a peer review process in which they will measure their effectiveness in meeting the core activities. Also, there will be management and financial oversight from ASPH and CDC to assure that budgets are allocated appropriately.
- A-CPHP will aid in the conduct and evaluation of formal drills, exercises, and other activities to document and validate preparedness at all levels.
- A-CPHP and ASPH will complete progress and financial reports, which will document activities and evaluate the progress of their measurable objectives identified in project work plans, established in collaboration with CDC and state and local health agencies at the onset of their project. A-CHPS will submit reports on a quarterly basis to ASPH.
- ASPH will publish an annual report documenting the lessons learned, best practices, and accomplishments from the A-CPHP. The report will also demonstrate financial accountability. This annual report will be distributed widely to schools of public health, CDC, DHHS, Congress, national public health organizations, and others identified by CDC.

### **Oversight and Advisory**

Accountability and outcomes are major goals of the A-CPHP network. ASPH will assure accountability and the necessary outcomes of the A-CPHP network through an appropriate national oversight and advisory system. Members will include principle investigators from the three cohorts of academic A-

CPHP (who will rotate on regular intervals), CDC, and DHHS. This committee may be expanded to include other partners as necessary.

**Budget**

\$20 million dollars has been appropriated and will be allocated as follows: 15 Academic Centers for Public Health Preparedness will each receive \$1 million; four new Academic Centers for Public Health Preparedness will be competed with awardees each receiving \$1million; \$1 million is designated for central coordination & administration efforts at ASPH.

<b>15 A-CPHP @ \$1 Million</b>	<b>\$15 M</b>
<b>4 New A-CPHP @ \$1 Million</b>	<b>\$4 M</b>
<b>Central coordination &amp; administration</b>	<b>\$1 M</b>
<b>TOTAL</b>	<b><u>\$20 M</u></b>